	atkins Glen he Sports Car Cl	Internatior ub of America G	nal Race Tr General Competi	rack – Octol	b er 9-12 , 20 these Supplement	008		DRIVERS' SCHOOL ENTRY FORM
		DRIVER INF	ORMATION	(Please Print)				OFFICIAL USE ONLY
Name:				Date of Birth:				DRIVERS' SCHOOL GROUP:
Address (Street, City, State	,Zip):							1
Email:				Phone: ()				CAR #:
SCCA License #:				Region of Record:				
License Grade:				Expiration Date:				POSTMARK:
EMERGENCY CONTACT								
Name:				At the track? Where?				DATE RECV'D:
Address (Street,City,State	,Zip):							
Phone: ()		Relationship:				AM'T RECV'D:		
	(if different f	t from driver)						
Entrant Name:				SCCA Mbr #:				POSTED:
Address (Street, City, State	,Zip):							
Phone: ()	one: () Sponsor:							COMMENTS:
		CA		ΓΙΟΝ				
ear/Make/Model:				Class:				
Desired Numbers:				Color:				
		CRE	W INFORMA	TION				
Name:				SCCA Mbr #:				
Name:				SCCA Mbr #:				
Name:				SCCA Mbr #:				
Name:		SCCA Mbr #:						
	ENTRY FEE	S (Make chec	ks payable t	o Glen Regior	n SCCA, Inc.)			Mail this
School Entry Fee - check	CASH[]CH	IECK [] *MC [] *VISA [] \$			\$ 450.00	COMPLETED Entry Form to:		
SRF, FE, SM, or SSM Compliance Fee: add \$10.00				NA			NA	
Overcrew: Number over a	each							
Garage Fee: (SEPARATE CHECK!) add \$80.00 (1st come/1st serv				ed per postmark, non-refundable)				Glen Region SCCA, Inc. Jerry Brown Registrar
Worker Fund (optional):					144 Moss Hill Rd.			
*******Entry must be received by MIDNIGHT O				tober 3rd, 2008******				Horseheads, NY 14845
*Credit Card #:						TOTAL		
*Name:				*Exp. Date:		AMOUNT:		
SIGNATURES								Express Mail, FedEx, UPS Accepted only if
					bed above are t plementary Re			NO signature is required.
Driver:				Date:				
Entrant:				Date:				
	IING & SCOF	DRING				OFFICIAL USE ONLY		
Name:				Hometown/State:				DRIVERS' SCHOOL GROUP:
Transponder #:				Color:				
Class:				Sponsor:				CAR #:
Car Make / Yr:								
Mbr #:	Region of Re	cord:						11